## BEST AVAILABLE COPY

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				RAT	E	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			( 0 minus 20=		* 0		X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			ر minus 3 =		* 0		X40:	=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			+135	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	\L		OR	TOTAL	710.00	
CLAIMS AS AMENDED - PART II								·- L		10	OTHER	
		(Column 1)		(Colur	mn 2)	nn 2) (Column 3)		SMALL ENTITY		OR SMALL ENTITY		
AMENDMENT A	*	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=	-		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	1			+270=	
								= AL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								EE		OR	ADDIT. FEE	
		(Column 1) CLAIMS	(Column 3)	l ——				<del></del>				
AMENDMENT B		REMAINING AFTER AMENDMENT	Remarks	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	<u> </u>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	₌		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		+135:	_		OR	+270=	
								AL			TOTAL	
		ADDIT. F	EE L		,	ADDIT. FEE						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	* ***	(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	
	Independent	*	Minus	***		=	X40=	1		OB	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	$\dashv$		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pai					er found in the	аррг	ropriate box	in col	umn 1.	

ation or Docket Number